# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

# RECEIVED

MAY 2 9 2012

THOMAS G BRUTON CLERK, U.S. DISTRICT COURT

| Darry Conwary   |  |
|---|--|
| (Enter above the full name of the plaintiff or plaintiffs in this action) | 12CV4155<br>JUDGE DARRAH<br>MAGISTRATE MASON                     |
| state of Illinois   | Case No:(To be supplied by the <u>Clerk of this Court</u> )      |
| WGN News<br>Channel 7 News  |  |
| Tribune Mediz   |  |
| (Enter above the full name of ALL defendants in this action. Do not       |  |
| use "et al.")  CHECK ONE ONLY:  |  |
| COMPLAINT UNDER TH U.S. Code (state, county, or                           | IE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 municipal defendants) |
| COMPLAINT UNDER THE 28 SECTION 1331 U.S. Co OTHER (cite statute, if known |  |
|   | NINT, PLEASE REFER TO "INSTRUCTIONS FOR                          |

| <b>I.</b>  | Plaint | iff(s):  |  |  |
|--|--------|--|--|--|
|  | A.     | Name:  |  |  |
|  | B.     | List all aliases:  |  |  |
|  | C.     | Prisoner identification number: HONO   |  |  |
|  | D. '   | Place of present confinement: Menard Tomastonal  |  |  |
|  | E.     | Address: P. 0 Box 100  |  |  |
|  | numbe  | re is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. er, place of confinement, and current address according to the above format on a te sheet of paper.) |  |  |
| II. Defendant(s):  (In A below, place the full name of the first defendant in the first blank, his or her or position in the second blank, and his or her place of employment in the third blank. for two additional defendants is provided in B and C.) |        |  |  |  |
|  | A.     | Defendant: WGN Tribune Media   |  |  |
|  |        | Title:   |  |  |
|  |        | Place of Employment:   |  |  |
|  | B.     | Defendant: State of Illinois   |  |  |
|  |        | Title:   |  |  |
|  |        | Place of Employment:   |  |  |
|  | C.     | Defendant: Channel 7 News  |  |  |
|  |        | Title:   |  |  |
|  |        | Place of Employment:   |  |  |

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III.

| irt<br>irt | LL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal in the United States:  |
|------------|--|
|            | Name of case and docket number: Conway V Atchison 312cv 002711PG   |
|            | Approximate date of filing lawsuit:  |
|            | List all plaintiffs (if you had co-plaintiffs), including any aliases:   |
|            | n/>  |
|            | List all defendants: Warden Atchison, Officer Courell Sgt Dunn, Discement Office, State of Illinois  |
|            | Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): US District Swittern Dist. 2 and olph (www. |
|            | Name of judge to whom case was assigned:   |
|            | Basic claim made: defanation of character  |
|            | Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):   |
|            | Approximate date of disposition:   |

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

December 15th 2004 Petitioner was arrested tetitioner was interrogated and charged believed was aulty. determed my character by sccusing me of that exposed me to scorn, ridicule, contempt insufficient. one-informed the courts is to who I was no one informed the court that my name to those who know me or signed or due to Josh Money Records & Def Jam Records and I was no where near it occured scene by circumstance. If this court takes time to publication on thenews was prejudical and has had a my crimins ventures 25 well. You'd hear my background) (2) Umbrella by Rihan, eh under my Umbr 12hymes (olistulistulisto 12sh Fe by Dicki Minay (Illah in chunce) 500d gone head spend 10 stacks for verse 21 (6) Kight by My Side by

| (B) In the March 2011 the Ibe might the comment in law ?   |
|--|
| Beyonce Sepersted on the cover, in the swhick with Nicki Minzy to nome > Jew instances. Since my incorceration I have been   |
| tracted by immotes in violent achieves and have  |
| Augus been recorded. Because this one was holder   |
| and printed. With utter disregard for truth or Falsity in the matter. Attached are documents to show the physical a emotional problems I've not just with in mates, but with |
| officers 75 well.  |
| I tried to protect the coreers of my Friends and loved ones so I didn't tell on certain individuals. I never was treated as a victim but as a suspect.                       |
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### V. Relief:

2.

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

| Petitioner seeks munetary            | evidence & prejudicial comminal proceedings.  Compensation totaling #3,750,000 combined from all party  the that wavrant relief based on constitutional |
|--------------------------------------|---|
| VI. The plaintiff demands that the o | ase be tried by a jury.  \( \sum_{YES} \) \( \sum_{NO} \)   |

#### **CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 33 day of May, 2013

(Signature of plaintiff or plaintiffs)

(Print name)

HOLLO

(I.D. Number)

POBOX 1000

Henard

(Address)

III A. Nome of Cose. Conusy v Rednow- 311 CV 000506

B. Approximate date of Filing suit: June 18th 2011

C. List all plaintiffs: n/2

D. List 211 defendants: Wardien Rednour, Dietary, Dr Craig

E. Court in which law suit was filed: US District Cuirt Suithern District

7. Nome of Judge: n/z

G. Basic claim made: violation of the 1st amendment right to Thee practice of religion & cruel & unusual punishment

H. Disposition of Case; Pending

I. Date of disposition: Pending

A. Name of Case: Conway v Cowell 3 12 cv 00311

B. Date of Filing: June 25th 2012

C. Plaintiffs: n/z

D. Defendants: Officer Coull, Placement, Soft Dunn

E. Court in which Filed: US District Court Southern District

7. Name of Judge: Judge Reagan

G: Claim made: same as in CV 00271JPG

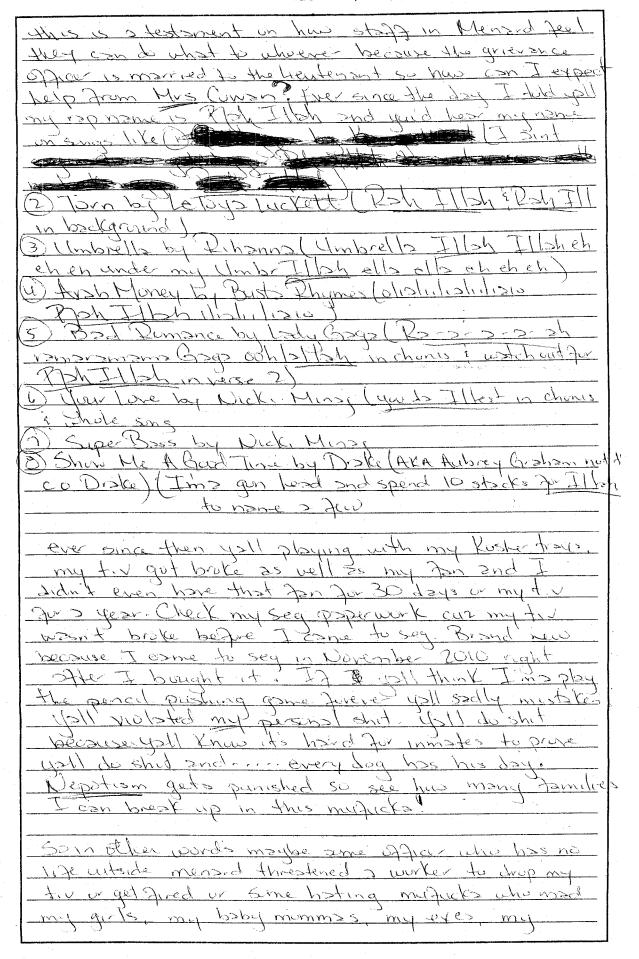
It. Disposition: Dismissed with projudice because I filed the same suit twice because it had to go to the library to be excled and I wasn't sure it got filed so they dropped I case and allowed me to proceed on one case

I. Date of Disposition: 4/20/2012

# 

| Pate:  Offender:  (Please Print)  ONING  ID#: MOLLOO   |  |  |  |  |
|--|--|--|--|--|
| Present Facility: Facility where grievance   |  |  |  |  |
| MATURE OF CRITICALES   |  |  |  |  |
| NATURE OF GRIEVANCE:   |  |  |  |  |
| Personal Property  |  |  |  |  |
| Staff Conduct Dietary Medical Treatment HIPAA  Transfer Denial by Facility Transfer Denial by Transfer Coordinator Other (specify):  |  |  |  |  |
|  |  |  |  |  |
| Disciplinary Report: / / Date of Report Facility where issued  |  |  |  |  |
| Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.  |  |  |  |  |
| Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:   |  |  |  |  |
| Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  Grisvance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  |  |  |  |  |
| Chief Administrative Ufficer, only if EMERGENCY grievance  |  |  |  |  |
| Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief   |  |  |  |  |
| Administrative Officer.  |  |  |  |  |
| Brief Summary of Grievance: Lesson Jur this grievance is even  |  |  |  |  |
| though I know this will either get lost or come  |  |  |  |  |
| 3:01   |  |  |  |  |
| DECK with > bullshit >55 response I'm filing it  |  |  |  |  |
| to szy I did becourse the Stoff (a) West house   |  |  |  |  |
| broke my Don a my t.V. I never reported it   |  |  |  |  |
| was broke until I came to see and it was   |  |  |  |  |
| this profe will I came to sed and 14 was   |  |  |  |  |
| reported to the sergesnt in west house by snother  |  |  |  |  |
| Street who withersed it dropped. The sergeant Light  |  |  |  |  |
| write it down & I cont owne it so whatever.  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Relief Requested: Sundo I get the to you broke gued  |  |  |  |  |
| because it word my to dued LSAP!   |  |  |  |  |
|  |  |  |  |  |
| Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.   |  |  |  |  |
| Company of the state of the sta |  |  |  |  |
| 10100 6,13,2011  |  |  |  |  |
| Offender's Signature ID# Date  |  |  |  |  |
| (Continue on reverse side if necessary)  |  |  |  |  |
| Counselor's Response (if applicable)   |  |  |  |  |
| Date Received: O D Send directly to Grievance Officer Outside jurisdiction of this facility. Send to   |  |  |  |  |
| Administrative Review Board, P.O. Box 19277.   |  |  |  |  |
| Response: 4 Cap (8 C C) (16 (6) Springfield, IL 62764,9277 (   |  |  |  |  |
| all actions  |  |  |  |  |
| Colle (w) (b)  |  |  |  |  |
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| ( Was Cil ( ) ( ) ( ) ( ) ( ) ( )  |  |  |  |  |
| Print Counselor's Name Counselor's Signature Date of Response  |  |  |  |  |
| EMERGENCY REVIEW   |  |  |  |  |
| $\mathcal{M} $   |  |  |  |  |
| Date  Received: / / Is this determined to be of an emergency nature?   |  |  |  |  |
| Is this determined to be of an emergency nature? Yes; expedite emergency grievance No; an emergency is not substantiated.  |  |  |  |  |
| Offender should submit this grievance in the normal manner.  |  |  |  |  |
| in all normal matrices.  |  |  |  |  |
|  |  |  |  |  |

1:20



| Date:   Offender:  |
|--|
| Present Facility: Facility where grievance issue occurred:   |
| NATURE OF GRIEVANCE:   |
| ☐ Personal Property       ☐ Mail Handling       ☐ Restoration of Good Time       ☐ Disability         ☑ Staff Conduct       ☐ Dietary       ☐ Medical Treatment       ☐ HIPAA         ☐ Transfer Denial by Facility       ☐ Transfer Coordinator       ☐ Other (speedly):  |
| Disciplinary Report: / / Date of Report Facility where issued  |
| Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.  |
| Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  Chief Administrative Officer, only if EMERGENCY grievance.  Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.  |
| Brief Summary of Grievance: Kessun fur this grievance is un 12 [5   2011   |
| Tuent in a dental call pass. While I was on my call  |
| pas lended up missing lunch. I saled the 5 gallery   |
| officer Chandler of I was going to get a tray in which   |
| A he's winter the impression that since 5 gallery eats within  |
| 2 3 hour time di Devence between lanch & dinner that him   |
| denuna me > tay when Henry is required to Red 211 inmste   |
| 3 times a day regardless of dietary restrictions based on  |
| inmotes throwing tend or on suicide watch (one-)   |
| Relief Requested:  |
| Considering the matter has passed, some from of sensitivity training   |
| un behalf of Other Chandler & others of his surt.  |
| Check only if this is an EMERGENCY grievance due to a substantial risk of Imminent personal injury or other serious or irreparable harm to self.   |
| Counselor's Response (if applicable)   |
| Date Received: / / /   Send directly to Grievance Officer   Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL. 62794-9277   Springfield, IL. 62794-9277   Wath Daff . It would be a support of the second to Administrative Review Board, P.O. Box 19277, Springfield, IL. 62794-9277   Springfield, IL. 62794-9277   Wath Daff . It would be a support of the second to Administrative Review Board, P.O. Box 19277, Springfield, IL. 62794-9277   Springfield, IL. 62794 |
| Print Counselor's Name  Sub Mult 12 / 5 / /  Counselor's Signature  Date of Response   |
| EMERGENCY REVIEW   |
| Date  Received: / Is this determined to be of an emergency nature?   |
| Chief Administrative Officer's Signature Date  |

| Il inmotes me to be fed 3 times > day. The to the          |
|--|
| diseress in time between mests, it strumesus that I have   |
| to go It hours until my next mest. It slow mesus included  |
| esting 3 mests I only had I which patered in with 14       |
| hours of being hungry shows that Office-Chandler is        |
| irresponsible incursidente of others probably is an untit  |
| 7 ther. Which may be true of he diesn't even have kids.    |
| which I've would reflect in his retistionship status which |
| is Probably nonexistent. Because he tries to rationalize   |
| shit that ends up being irrational in nature. His actions  |
| sy " Well you goin to chow snyway in a curple hours" but   |
| neglects 1sst time I ste was ism. Next time I'll est is    |
| 42m. The human hody processes good on > scheduled ste.     |
| Once this system is disripted, instead of the bidy reading |
| of nutrients found within the stomach, it red's on the     |
| shored Jot is muscle tissue found in the body, which is >  |
| Couse of muscle topy.                                      |
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Case: 1:12-cv-04155 Document #: 1 Filed: OF DELINCUENTE PERFORMES PAGE DELINCUENTE

|   | Fecha: 18 2011  | Delincuente: (Sirvase imprimir)   | Jan 1   |  | 10#: 401100  |  |
|---|---|---|---|--|--|--|
|   | Instalacion actual:   |   | Instalaciones donde reclam  | o ocurria:   |  |  |
|   | NATURALEZA DE LA QUEJA:   |   |   |  | -  |  |
|   | ☐ Bienes personales   | Manejo de correo  | La restauracion de tiempo bueno   | ☐ Discapa  | cidad  |  |
|   | Conducta personal     Denegacion de transferencia por servicio  | Denegacion de transide transferencia  | Tratamiento medico<br>rerencia por el Coordinador   | ☐ HIPAA<br>Otro (espe  | cilique): Nepair   |  |
|   | ☐ Informe disciplinario:  | / /<br>echa de informe  | Insta   | laciones donde emitic  |  |  |
|   |   |   | nmediatamente a traves de la a  |  |  |  |
|   | Completo: Adjuntar una copia de cu: Consejero, a menos que el tei revision administrative. Queja official, solo si la cuest Oficial Administrativo Jefe, so Junta de revision administrative administracion involuntaria de d resueltos por el official administr | ma implica la disciplina, se c<br>ion implica la disciplina en la<br>olo si la EMERGENCIA reclan<br>, solo si la cuestion implica tran<br>rogas psicotropicas, cuestiones | onsidera una emergencia o es<br>instalacion actual o la cuesti<br>no.<br>sferencia negative por el Coord<br>e de otra instalacion excepto bie | sta sujeto a revisio<br>on no resuelta poi<br>linador de transfere | on directa por la Junta de<br>r el consejero.<br>ncia, custodia preventive,      |  |
|   | Breve resumen de la queja:  | 1 41 Mas po   | en needing  | to be  | replined"  |  |
|   | Since your  | 2011 . Di   | w 115 Nov   | ember o  | going on   |  |
|   | OVEN When T   | i had more  | y on the  | 20005  | The !  |  |
|   | been told n   | nel Name is   | on the list   | t Dor  | 2 white  |  |
|   | and was -   | also bold   | they repair   | 3-4 4  | ∵ 's >   |  |
|   | day soin?   | 30 days th  | st's 90-  | 120 tr   | s. (ore-)  |  |
|   | El Alivio Pedido: Mu +v   | to sohist   | by get to H   | no the m   | 2DAr   |  |
|   | Shup. J & stranger J & shup.  |   |   |  |  |  |
|   | M   |   | · · · · · · · · · · · · · · · · · · ·   |  |  |  |
|   | Solo comprobar si se trata de un re irreparables danan a si mismo.  | clamo de EMERGENCIA debid   | o a un riesgo sustancial de inmi  | nente lesions perso  | onales o otros graves o  |  |
|   | Filma   | del delincuenta   | HOI!  | <u> </u>   | 11, 0, 2011<br>Fecha   |  |
| L |   | Seguir en re  | verso, si es necesario)   |  |  |  |
|   | 1   | Respuesta del   | consejero (si procede)  |  |  |  |
|   | Fecha<br>Recibido: // / / / / / / / / / / / / / / / / /   | , Enviar directamente   | Junt  |  | de esta instalacion. Enviar a<br>distrativa, P.O. Box 19277,<br>277,             |  |
|   | Respuesta: It you wish to have your TV impaired you   |   |   |  |  |  |
| - | pred to make a request through the TV repair shop.  |   |   |  |  |  |
| - | They are backed up, so you might want to send   |   |   |  |  |  |
| - | multiple requests until you are placed on the list  |   |   |  |  |  |
|   | 5 Willow  |   | 550   | eII.   | 11 , 14 , 71   |  |
|   | Imprimire/nombre del C  | Consejero   | fFirma del con  | sejero   | Fecha de respuésta   |  |
| Γ |   | REVISION D  | DE EMERGENCIA   | <del></del>  |  |  |
| • | echa<br>Recibido: / /   | Esto determina que es   | un character de emergencia?   | Si; acelerar l   | a queja de emergencia  |  |
|   |   |   |   | justificado.   | nacion de emergencia no es<br>Delincuente debe presenter<br>de la manera normal. |  |

1:21

Distribution: Master File; Offender

ILLINOIS DEPARTMENT OF CORRECTIONS
EL AGRAVIO DE OFENSOR (Continued)

| 311 I want is for them to remove the Keypad lock so I can turn the to on & off again.   |
|---|
| Spesting of which why is it we contact our own tempt controls. Diw, I'm pood with the pet I have to pay vuc school to use my damn remote control to turn on my tiv. |
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# Case: 1:12-cv-04155 Document #: 1 Filed: 05/29/12 Page 14 of 15 P

# STATE OF ILLINOIS -- DEPARTMENT OF CORRECT

## ADJUSTMENT COMMITTEE **FINAL SUMMARY REPORT**

Name: CONWAY, DARRYL

!DOC Number: M01100

Race: BLK

Hearing Date/Time: 4/3/2012 08:27 AM

Living Unit: MEN-N2-07-30

Orientation Status: N/A

Incident Number: 201200832/1 - MEN

Status: Final

| Date      | Ticket #               | Incident Officer                       | Location                    | Time     |
|-----------|------------------------|--|-----------------------------|----------|
| 3/29/2012 | 201200832/1-MEN        | TEAS, MORGAN A                         | SAST CELLHOUSE              | 06:35 PM |
| Offense   | Viola                  | tion                                   | Final Re                    | esult    |
| 102       |                        | lting Any Person - Inmat               |                             |          |
| 301       | <i>Comn</i><br>Fightii | <i>nents:fighting with inmat</i><br>ng | e caradine b/263/<br>Guilty |          |
| Witness T | Type Witnes            | s ID Witness                           | Name Witness St             | atus     |

#### No Witness Requested

#### RECORD OF PROCEEDINGS

INMATE CONWAY PLED GUILTY TO THE CHARGES.

#### BASIS FOR DECISION

BASED ON, INMATE CONWAY PLED GUILTY TO THE CHARGE. R/O OBSERVED INMATE CARADINE B72637 AND INMATE AND INMATE CONWAY M01100 STRIKING EACH OTHER WITH CLOSED FISTS IN CELL EAST 6-15. WITNESS LT. PRANGE AND OFFICER PITTS STATED I.D.R. IS CORRECT AS WRITTEN.

# **DISCIPLINARY ACTION** (Consecutive to any priors) RECOMMENDED

| 1 Months C Grade                       | 1 Months C Grade                |        |
|--|---------------------------------|--------|
| 1 Months Segregation                   | 1 Months Segregation            |        |
| 1 Months Commissary Restriction        | 1 Months Commissary Restriction |        |
| Basis for Discipline:NATURE OF OFFENSE |                                 |        |
| Signatures Hearing Committee           |                                 |        |
| VEATH, TIMOTHY R - Chair Person        | 1/ (M) 04/03/                   | 12 WHI |
|  | Signature Date                  | Race   |
| HART, JASON N                          | ( ) Hu ( 04/03/                 | 12 BLK |
|  | Signature Date                  | Race   |
| Recommended Action Approved            |                                 |        |
|  |                                 |        |
| Final Comments: N/A                    |                                 |        |

MICHAEL P ATCHISON / RH 4/5/2012

Chief Administrative Officer

Date

**FINAL** 

The committed person has the right to appeal an adverse decision through the grievance procedure extablished by Department Rule 504: Subpart F.

Employee Serving Copy to Committed Person

When Served - - Date and Time

Consused street Hay 7th 2012

HO1103 Hay 7th 2012

Lot for Cellhouse heutenant/

Just for Mayor Noc. School

The been on coff the voc school

list for slingst a year & I need

to get my to fixed ASAP?